

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 0 9

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2004

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

* 42 CFR 440.167

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 1,172,504.00

b. FFY 2005 \$ 4,695,044.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same, Approved 08/12/97, TN 97-05

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to increase reimbursement for aide services
in the Personal Care Program.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Roy Jeffus

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

June 11, 2004

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Joie Wallis
Slot S295**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

9 June 2004

18. DATE APPROVED:

19 August 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 July 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 13

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 2004

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a service plan, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home, and at the State's option, in another location.
- (a) Effective for dates of service on and after July 1, 2004, Personal Care Aide Services are reimbursed per unit of service, based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. One unit equals fifteen (15) minutes. The Title XIX maximum charge allowed is \$13.84 per hour, which is \$3.46 per 15-minute unit.

STATE <u>Arkansas</u>	A
DATE REC'D <u>6-9-04</u>	
DATE APPV'D <u>8-19-04</u>	
DATE EFF <u>7-1-04</u>	
HCFA 179 <u>04-09</u>	

SUPERSEDES: TN- 97-05